



Management of post operative Fistulectomy wound with *Panchatikta ghruta* application.

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ABSTRACT

Fistula in ano is a track lined by granulation tissue which connects deeply in the anal canal or rectum and superficially on the skin around the anus. Conventional surgical options for fistula in ano include a Fistulotomy or Fistulectomy. Fistulectomy wounds are the common clinical conditions which still poses problems in its routine management .There are many measures to create favourable conditions for post operative fistulectomy wound healing such as use of antiseptic solutions and many topical agents which promote healing but, there are certain drawbacks of these agents like damage to healthy granulation tissue, local skin irritation etc. It has been an ongoing process to search out better remedies in order to overcome the previous drawbacks. Keeping in view aforesaid problems, ancient literature was explored and formulation *Panchatikta ghruta* application as mentioned in *Bhaishaja Ratnavali* and *Yoga Ratnakara*, study was undertaken.

Key Word –Fistula, Fistulectomy wound, *Panchatikta ghruta*.

Introduction-

Fistula in ano is one of the most common benign anal conditions in daily surgical practise. It is defined as an epithelialised abnormal track connecting two surfaces, usually the rectal mucosa and perianal skin. Conventional surgical options for a low fistula in ano include a

Fistulotomy and Fistulectomy. These both lay open the fistulous tract, thus leaving smaller unepithelialised wounds which hasten the wound healing.

The treatment of this condition still poses a surgical problem due to its tendency for recurrence and the risk of causing incontinence. Anal fistula disease has its maximum incidence between the third and fifth decades. The male: female ratio is at least 2:1.

There are many measures to create favourable conditions for wound healing such as use of antiseptic solutions and many topical de-sloughing and debridement agents which promote healing but, there are certain drawbacks of these agents like damage to healthy granulation tissue, local skin irritation etc. Since time immemorial, it has been an ongoing process to search out better remedies in order to overcome the previous drawbacks.

Keeping in view aforesaid problem ancient literature was explored and formulation *Panchatikta ghruta* application as mentioned in *Bhaishaja Ratnavali* and *Yoga Ratnakara 1* is taken for study.

AIMS AND OBJECTIVES:

To study management of post operative fistulectomy wound with *Panchatikta ghruta* application.

MATERIAL AND METHODS:

- **Source of the data** : study is carried out in “IPD of Shalyatantra , Y.M.T. Ayurvedic medical college and hospital , kharghar , navi Mumbai
- **Type of study**: single case study.

CASE REPORT-

A male patient AS of age 38 years. He was complaining of-

- | | | |
|--|---|----------------|
| <ul style="list-style-type: none">• pain at operated site• Discharge from the wound | } | since 6-7 days |
|--|---|----------------|

No H/O – DM / HTN/ KOCH’S / Bronchical Asthama

No H/O – Any drug allergy.

P/M/H – NIL

P/S/H- fistulectomy done on 8th may 2015

O/E – G.C- fair

T- A febrile

Wt - 73 Kg

P- 80/ MIN

B.P.- 120/ 80 mm of hg.

S/E- RS- AEBE Clear

CVS- S1 ,S2- normal

CNS- conscious and oriented properly.

P/A- Soft and non tender.

P/H- Bowel – irregular bowel habit

Bladder –normal habit

Sleep – normal

Appetite - normal.

Addiction: - no any specific addiction

INVESTIGATIONS:

- CBC with ESR
- Cultural sensitivity

Treatment planned as follows:

Application of *panchatikta ghrita* on post operative fistulectomy wound

METHOD

A single patient was selected who was diagnosed as fistula in ano. Patient was definitive treatment. Data related to the objectives of the study was collected.

An Informed written consent of the patient included in trial in the language best understood by him was taken. C R F was prepared for this study.

Post operative fistulectomy wound was cleaned by Normal saline. Required amount of *Panchatikta ghrta* was taken on sterile gauze and applied directly over the wound and dressing was done. Application of *Panchatikta ghrta* was done till healthy granulation tissue was seen.



Before

After

DISCUSSION:

Discussion on drug review:

Though a wide variety of chemical substances have been evaluated for their efficacy as wound healing agents, with limited success, little correlation has been observed in their molecular structure and mechanism of action. A natural product, Asiaticoside from *Centella asiatica* has been found to be effective in wound healing. Similarly, Curcumin from *Curcuma longa* with

antioxidative properties has been found useful in wound healing. Several other herbal products from Aloe Vera, Lithospermum erythrorhizon, Alkana tinctoria etc. have not only been used traditionally in wound healing but have also been found effective in clinical trials.

Procedure Discussion on Characteristic features

Size: With the help of —Prinanaḥ and —Vrana Ropanaḥ action of trial drug acted as promoter on rate of contraction.

Pain and Tenderness: By the virtue of —Shitaḥ and —Shoolharāḥ properties of trial drug the pain and tenderness subsides.

Smell: Panchatikta containing very good fragrance of volatile oil and this is helpful in to bad odour of the infected Vrana.

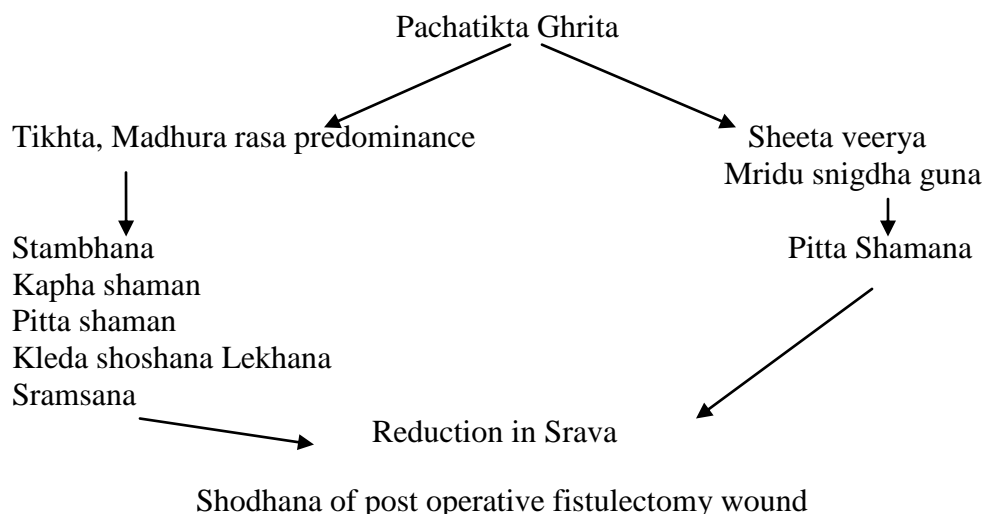
Discharge: By the virtue of —Shitaḥ and —Katulḥ property of trial drug, the discharge is ceased.

Swelling: —Shothaharaḥ property of the drug demolishes the —Shothaḥ (Swelling) of the Vrana.

Colour: Ghrita contain Varnya properties which is helpful to enhance the local appearance of the wound.

Infection: The trial drug has —Krimi-haraḥ property and Panchatikta has antiseptic property. This is help to sweep out the infections from the wound.

Unhealthy granulation tissue: —Lekhanaḥ and —Shodhanaḥ stop the unhealthy granulation tissue in wound. Hence, the Panchatikta ghrita has the basic qualities of controlling the cardinal symptoms of the —Vranaḥ, these proves the efficacy of the drug in —Vrana Ropanaḥ.



Conclusion:

From the discussion on the subject " Management of post operative fistulectomy wound with panchatikta ghruta application" following conclusions can be drawn -

1. *Panchatikt ghruta* has shown Vranashodhaka, Vranalekhana, Putihara, Vedanasthapaka, Vranaropaka, and Jantughna properties in management of post operative fistulectomy wound.
2. *Panchatikt ghruta* is easily available, easy technique to use in post operative fistulectomy wound, can be used in tribal areas also, use as home remedy and very cost effective.
3. Even after wound healing and post treatment follow up no adverse reaction found in the present study. Also complication like keloid formation and hypertrophic scar formation are not found in any case.

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References:

Sushrut Samhita (Dalhan Tika) Vd. Yadavji Trikamji

A Short Practice of Surgery: Hamilton Bailey & Meneill Love.

Bhaishaja Ratnavali – Ambikavati Shastri

Yoga Ratnakara – Laxmipati Shastri.